L14666 191579

·	(Requestor's Name)	
	(Address)	
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	(Address)	
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	(City/State/Zip/Phone #)	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies Certificates of Status		
Special Instruction	a to Filing Officer	
Special instructions	s to Filing Onicer.	
		:





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JUN 02 2016 J SHIVERS Pomnatural LLC Richard E. Bonsteel P.O. Box 190 Steinhatchee, Florida 32359 828-342-8025

May 24, 2016

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

TO WHOM IT MAY CONCERN:

This letter is in reference to the enclosed application to dissolve an LLC # L14000191879. Please accept it as such.

If you need further information, please contact me at the above address.

Respectfully,

Richard E. Bonsteel

Encl:

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: Dissolution o	f LLC
DOCUMENT NUMBER:	00191879
The enclosed Notice of Limited Liability	Company Dissolution and fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Richard E. Bonsi	fee(
(Name of	Contact Person)
Richard E. Bonst (Name of Ponmatural LL (Firm	C
(Firr	m/Company)
P.O. BOX190 1736 (A Steinhatchee Florida (City/Sta	Hay 3585W
(A	ddress)
Steinhatchee Florida	32359
(City/Sta	te and Zip Code)
For further information concerning this ma	tter, please call:
Kichard E Bousteel	at (828) 343-8025 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	int:
2 \$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certificate of Status & (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited line of the second	iability company is				*
2. The Articles of Organiz	ation were filed on	2/16/2014	and a	assigned	
document number <u>/</u> /					
	ate the dissolution if not ctive date cannot be prior to o d in this block does not me effective date on the Depar	et the applicable statuto	ry ming requiren	24 24 3 nt is received for nents, this date	(016) r filing) will no
4. A description of occurre 605.0707, Florida Statut	ence that resulted in the es, (copy 605.0707 on b	limited liability comp eack cover letter).	oany's dissoluti	on pursuant	to secti
Pusiness n	of deing u				
QUITORES 1)6	n acting t	DELL			
***************************************				·····	
5. If there are no members activities and affairs:		dress of the person ap Bousteel - 8			pany's
	James Val.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AY 31
	Patrica Val	lentine An,	be	many and a second secon	770
	Deha 1	Gray Ambi	/ -	93	7:43
	Tella A.	City HIIIO			
6. Signature of an authorize listed above to wind up the	zed person or if there are company's activities ar	e no members, the sig		erson appoint	ted and

FILING FEE: \$25.00